

## **Frequently Asked Questions**

### **Rural-Urban Disparities in Health Care in Medicare**

#### **1. What is CMS announcing today?**

CMS is announcing the release of a national-level report detailing the health care experiences and quality of care received by Medicare beneficiaries. The report compares health care experiences and clinical care received in 2017 for beneficiaries living in rural and urban areas, and looks at rural-urban differences in quality of care among Black/African American, Hispanic, and White beneficiaries separately. The release of this report is timed to coincide with National Rural Health Month in November. Each year at this time CMS will make additional reports available to the general public on the [CMS OMH](#) website.

#### **2. Why is CMS highlighting this information?**

Despite advances in health care access, increases in spending, and improvements in quality over the last decade, there is evidence that people living in rural areas continue to experience worse health outcomes than people living in urban areas. One possible source of these differences are disparate experiences with health care and differential access to high quality care between rural and urban areas. To comprehensively address and eliminate health care disparities, it is first necessary to be able to measure and publicly report – in a standardized and systematic way – the nature and extent of these differences. Additionally, the IMPACT Act of 2014 requires the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) to examine the differential effect of several demographic variables, including rural vs. urban residence, on Medicare payment policy and the reporting of additional quality measures.

#### **3. What do these data represent?**

The data presented in the report indicate overall national differences in the care delivered to Medicare beneficiaries who live in rural and urban areas. The data also indicate how rural-urban differences in the care delivered to Medicare beneficiaries vary by race and ethnicity.

#### **4. How can health care providers use this information to improve performance?**

The data presented here focus on the analysis, reporting, display, and dissemination of existing quality measures aggregated at the national level, stratified by rural vs. urban residence and by rural-urban residence within racial and ethnic groups. This information may be useful for targeting quality improvement activities and resources, monitoring health and drug plan performance, and advancing the development of culturally appropriate quality improvement interventions and strategies.

#### **5. Are these results included in the MA and Part D Star Ratings Program?**

NO. This effort is entirely separate from the MA and Part D Star Ratings program. These scores are intended to be used for health and drug plan quality improvement and accountability purposes.

**6. Do the data presented in this release suggest that CMS' Categorical Adjustment Index used to account for differences in performance among enrollees with low income subsidy and/or dual eligible and disability status in the Part C and D Star Ratings programs should be modified?**

NO. The descriptive data in this release do not suggest that use of the Categorical Adjustment Index in the Part C and D Star Ratings is inappropriate. The analyses released today examine rural-urban differences in HEDIS and CAHPS scores and how those differences vary by race and ethnicity.

**7. Do these results affect MA contract payments?**

NO. These results are not used for payment purposes of any sort. As required by the IMPACT Act of 2014, the HHS ASPE has examined the differential effect of a number of demographic variables, including rural vs. urban residence, on Medicare payment policy and the reporting of additional quality measures. Results from the ASPE Report to Congress on *Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Programs* can be found [here](#).

**8. How are beneficiaries classified as rural vs. urban residents?**

Beneficiaries are classified as living in a rural or urban areas based on the zip code of their mailing address and the corresponding Census Bureau core-based statistical area (CBSA). CBSAs consist of the county or counties or equivalent entities associated with at least one core (urbanized area or urban cluster) of at least 10,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties with the counties that make up the core. For this report, any beneficiary residing within a CBSA (which includes both metropolitan and micropolitan areas) is classified as an urban resident; any beneficiary living outside of a CBSA is classified as a rural resident.

**9. For which racial and ethnic groups are rural-urban comparisons made?**

For the rural-urban comparisons that are made within racial and ethnic groups, rural and urban scores on patient experience (CAHPS) and clinical care (HEDIS) measures are provided for three racial/ethnic groups: (1) Blacks, (2) Hispanics, and (3) Whites. These racial/ethnic groups were chosen because enough information was available to describe the experiences of beneficiaries in these groups.

**10. If the score for beneficiaries living in rural areas is lower than the score for beneficiaries living in urban areas, what does that mean?**

At the national level, for patient experience measures, a lower score for beneficiaries living in rural areas means that those beneficiaries reported worse experiences than beneficiaries living in urban areas (either overall or for a particular racial or ethnic group) after adjustment for other characteristics, such as age and education. Scores on clinical care measures, including the flu immunization measure, are not adjusted for these other characteristics. At the national level, for clinical care measures, a lower score for beneficiaries living in rural areas means that those beneficiaries received worse care than beneficiaries living in urban areas (either overall or for a particular racial or ethnic group).